

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-012577

STATE FILE NUMBER

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 129

FILED APR 20 1959

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Cape Girardeau</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Cape Girardeau</u>		c. CITY OR TOWN <u>Cape Girardeau</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Southeast Mo. Hosp</u>		d. STREET ADDRESS (If outside, give location) <u>524 So. Pacific St</u>	
3. NAME OF DECEASED (Type or print) First <u>James</u> Middle <u>Perry</u> Last <u>Presler</u>		4. DATE OF DEATH Month <u>Apr.</u> Day <u>10</u> Year <u>1959</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Oct. 2, 1869</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>self employed</u>	9. AGE (In years last birthday) <u>89</u>
11a. BIRTHPLACE (City and state or country) <u>Dyersburg, Tennessee</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Steven Presler</u>		13b. MOTHER'S MAIDEN NAME <u>Mary E. Taylor</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		17. INFORMANT <u>Mrs. Chester Porter-Cape Girardeau, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cardiac failure</u> DUE TO (b) <u>Arteriosclerotic heart disease</u> DUE TO (c) <u>Arteriosclerosis</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Senility</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Immediate</u>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>4200</u>	
20c. TIME OF INJURY Hour <u>7:28</u> Month <u>May</u> Day <u>1958</u> Year <u>1958</u>		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Cape Girardeau, Mo.</u>	
20e. CITY, TOWN, OR LOCATION <u>Cape Girardeau, Mo.</u>		20f. COUNTY <u>Cape Girardeau</u>	
20g. STATE <u>Mo.</u>		20h. DATE OF DEATH <u>April 10, 1959</u>	
21. I attended the deceased from death occurred at <u>7:28 P.M.</u>		21. I attended the deceased from death occurred at <u>April 10, 1959</u>	
22a. SIGNATURE <u>John Brown</u>		22b. ADDRESS <u>Cape Girardeau, Mo.</u>	
22c. DATE SIGNED <u>April 11, 1959</u>		22d. DATE SIGNED <u>April 11, 1959</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>4/13/1959</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Fine City Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Near Kennett, Dunklin, Mo.</u>	
24. FUNERAL DIRECTOR <u>L. L. Haran-Cape Girardeau, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>April 14-59</u>	
26. REGISTRAR'S SIGNATURE <u>Irene Kasten</u>		26. REGISTRAR'S SIGNATURE <u>Irene Kasten</u>	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed ..... *Howard L. Hanson* .....

Licensed Embalmer No. .... *4132* .....

P. O. Address ..... *Cape Girardeau* .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.